Case 1-13-13425-cjf Doc 3 Filed 07/09/13 Entered 07/09/13 11:47:19 Desc Main Document Page 1 of 7

B22A (Official Form 22A) (Chapter 7) (04/13)

In re	Shawn M Hinshaw Nicole M Hinshaw	According to the information required to be entered on this statement			
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):			
Case Number: (If known)		☐ The presumption arises.			
		■ The presumption does not arise.			
		☐ The presumption is temporarily inapplicable.			

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the 2 purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six Column A Column B calendar months prior to filing the bankruptcy case, ending on the last day of the month before Debtor's Spouse's the filing. If the amount of monthly income varied during the six months, you must divide the **Income Income** six-month total by six, and enter the result on the appropriate line. 3 Gross wages, salary, tips, bonuses, overtime, commissions. 1,499.00 \$ 773.00 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. Debtor Spouse Gross receipts 0.00 \$ 0.00 Ordinary and necessary business expenses \$ 0.00 \\$ 0.00 Business income Subtract Line b from Line a 0.00 0.00 Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. 5 Debtor Spouse Gross receipts 0.00 | \$ 0.00 Ordinary and necessary operating expenses 0.00 | \$ 0.00 \$ Rent and other real property income Subtract Line b from Line a 0.00 0.00 Interest, dividends, and royalties. 6 0.00 | \$ \$ 0.00 7 Pension and retirement income. \$ 0.00 | \$ 0.00 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that 8 purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; 0.00 0.00 if a payment is listed in Column A, do not report that payment in Column B. **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ **0.00** | Spouse \$ 0.00 0.00 \$ 0.00 **Income from all other sources.** Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or 10 domestic terrorism. Debtor Spouse \$ a. Total and enter on Line 10 0.00 0.00 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if 11 1,499.00 773.00 Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

			_		
12	Total Current Monthly Income for § 707(b)(7). If Column B Column A to Line 11, Column B, and enter the total. If Column B	1 ,	r.		2 272 00
	the amount from Line 11, Column A.		\$		2,272.00
	Part III. APPLICATION (OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				27,264.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WI b.	Enter debtor's household size:	3	\$	65,775.00
	Application of Section 707(b)(7). Check the applicable box as	nd proceed as directed.			
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the				
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV,	V, VI, and VII o	of this	statement only if requ	iired. (See Line 1	5.)
	Part IV. CALCULA	ATION OF CUR	REN	Γ MONTHLY INCOM	ME FOR § 707(b)(2)
16 Enter the amount from Line 12.						\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
17	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Subpart A: Dec	luctions under Sta	ndard	EDUCTIONS FROM s of the Internal Revenu	ne Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	Persons under 65 years of age		Persons 65 years of age or older			
	a1. Allowance per person b1. Number of persons c1. Subtotal		b2. c2.	Allowance per person Number of persons Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is				\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy coun the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	ty and family size (this information is burt) (the applicable family size consists of deral income tax return, plus the number of al of the Average Monthly Payments for any	\$	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$		
22A	Local Standards: transportation; vehicle operation/public transport You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$		
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go.court .)	\$		
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			

`	* * * * * * * * * * * * * * * * * * * *				
26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	\$			
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums fo any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in l	ency, such as spousal or child support payments. Do not	\$		
29		t or for a physically or mentally challenged child. Enter and for education that is a condition of employment and for allenged dependent child for whom no public education	\$		
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or in welfare or that of your dependents. Do not include any a	\$			
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$		
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state y below: \$				
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	\$			
36	Protection against family violence. Enter the total avera actually incurred to maintain the safety of your family un other applicable federal law. The nature of these expense	\$			
37	Home energy costs. Enter the total average monthly am Standards for Housing and Utilities, that you actually exptrustee with documentation of your actual expenses, at claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for atten school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS St.	\$			

 $^{^{*}}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1		the form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	ines 34 through 4	0	\$
		S	ubpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
		Name of Creditor	Property Securing the Debt	Average Montl Payme		
	a.			\$	□yes □no	
				Total: Add Lir	ies	\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor				\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					\$
			If you are eligible to file a case under the amount in line b, and enter the res			
45	a. b.	issued by the Executive Office	strict as determined under schedules e for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	\$ x Total: Multiply	Lines a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$
Subpart D: Total Deductions from Income						
47	Tota	l of all deductions allowed unde	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	48 and enter the	esult.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32					The presumption arises" at the top VII. Do not complete the remain	
	☐ The a	mount on L	ine 51 is at least \$7,475*, bu	t not more than \$12,475*. Con	mplete the remainder of Part VI (Lines 53 through 55).
53	Enter th	e amount of	your total non-priority unse	ecured debt		\$
54	Thresho	ld debt payn	nent amount. Multiply the an	nount in Line 53 by the number	0.25 and enter the result.	\$
	Seconda	ry presumpt	ion determination. Check the	e applicable box and proceed a	s directed.	
55			ine 51 is less than the amount complete the verification in F		or "The presumption does not ari	se" at the top of page 1
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
			Part VII. AD	DITIONAL EXPENSE	CLAIMS	
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description Monthly A			Monthly Amou	unt	
	a.				\$	
	b.				\$	
	c.				\$	
	d.			A 117: 1 1 1	\$	
			1 otai:	Add Lines a, b, c, and d	\$	
	Π			VIII. VERIFICATION		
			y of perjury that the informati	ion provided in this statement is	s true and correct. (If this is a joi	int case, both debtors
	must sign	n.) Date:	July 9, 2013	Signature	e: /s/ Shawn M Hinshaw	
		24.01			Shawn M Hinshaw	
57					(Debtor)	
		Date:	July 9, 2013	Signature	e /s/ Nicole M Hinshaw	
		•			Nicole M Hinshaw	
					(Joint Debtor, if a	iny)

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.